

Potential Contaminant Sources:**Entry Date** / /

PWS ID #. _____ SOURCE ID #: _____ (PWS-01, 02, 03 etc.)
Water Resources App. #: _____ Water Resources Cert. #: _____
Facility Description: _____
Facility Address: _____
Contaminant Code: _____ (see list)
Risk Ranking: _____ Revised Risk Ranking: _____

Contaminant Location:

Latitude Deg.: _____	Longitude Deg.: _____	Township: _____
Latitude Min.: _____	Longitude Min.: _____	Range: _____
Latitude Sec.: _____	Longitude Sec.: _____	Section: _____
UTM: _____		¼ Section: _____

Name of facility: _____

Chemical(s) used at facility, if known: _____

If unknown, suspected chemical sources: SOC ____ VOC ____ IOC ____ Microbiological ____ Radionuclides ____
Does facility have approved management plan? ____ NDEP Permit #: ____
Have spills/contaminations occurred? ____ (Y/N/U)
Sources referenced, list: _____

Proximity of spill to water source (well/spring): _____ ft.
Is the spill up gradient? ____ Is the spill down gradient? ____
Remedial action taken: _____

Status of contaminant: _____

Approximate septic systems: _____

Approximate septic distance: _____

Approximate water wells: _____

Approximate well distance: _____

Approved method in place to control contamination? ____ (Y/N/U) If yes, explain: _____

Contaminant is mobile? ____ (Y/N/U) If contaminant(s) mobility is known, explain: _____

Contaminant(s) is persistent in the environment (half-life). If persistence is known, explain: _____